

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

USPTO Use Only

EFS ID: 11185
Application ID: 09681422
Title of Invention: **Method and System for Event
Communication on a Distributed
Scanner/Workstation Platform**
First Named Inventor: Phani Bidarahalli
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-03-30 
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: NONE
Digital Certificate Holder: cn=Adam J Forman, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: b/OxavsDMzdAgIJsq6qRzw==
Total Fees Authorized: \$830.0

Payment Category: DA – Deposit Account
Deposit Account Number: 170055
Deposit Account Name: Adam J. Forman

TRANSMITTAL FORM

USPTO
09/681422
03/30/01

Electronic Version 1.0.2
Stylesheet Version: 1.0

Method and System for Event Communication on a Distributed Scanner/Workstation Platform

First Named Inventor: Mr. Phani Kumar Bidarahalli

SUBMITTED BY

Name: Mr. Adam J. Forman
Registration Number: 46,707
Electronic Signature Mark: Adam J. Forman Date Signed: 20010330

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

fee-transmittal	GE 94723 Epave Submissionfee.xml
patent-assignment	GE 94723 Epave Submissionasgn.xml
specification	GE 94723 Pasat App.xml
bibd-transmittal	GE 94723 Epave Submissionapds.xml

declaration	Dec1.tif
declaration	Dec1.tif
declaration	Dec1.tif

Attached Image File(s):

Dec1.tif

Dec2.tif

Dec3.tif

Comments:

Please type a plus sign (+) inside this box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name OR	Quarles & Brady LLP	Customer or label Number	
-----------------------------------------------------	---------------------	--------------------------	-------------------------------------------------------------------------------------

List attorney(s) and/or agent(s) name and registration number below

28382
PATENT TRADEMARK OFFICE

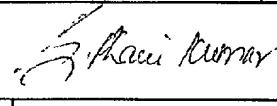
Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

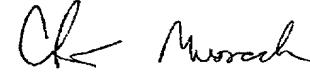
Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number or label			<input type="checkbox"/> OR <input type="checkbox"/> Fill in correspondence
--------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Name	28382 PATENT TRADEMARK OFFICE		
Address			
Address			
City	State	Zip	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor				
Given Name	Phani	Middle Initial	K.	Family Name	Bidarahalli		Suffix e.g. Jr.		
Inventor's Signature						Date	03/20/01		
Residence:	Waukesha			State	WI	Country	USA	Citizenship	India
Post Office	2402 Springdale Road #209								
Post Office									
City	Waukesha	State	WI	Zip	53186	Country	USA	Applicant Authority	

Please type a plus sign (+) inside this box

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Christopher	Middle Initial	J.	Family Name	Mussack			Suffix e.g. Jr.	
Inventor's Signature								Date	3/20/01
Residence:	Waukesha			State	WI	Country	USA	Citizenship	USA
Post Office	W251 S4310 Oakview Dr								
Post Office									
City	Waukesha	State	WI	Zip	53189	Country	USA	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Peter	Middle Initial		Family Name	Lehel			Suffix e.g. Jr.	
Inventor's Signature								Date	3/20/01
Residence:	Waukesha			State	WI	Country	USA	Citizenship	Hungary
Post Office	2019 Kensington Dr. #8								
Post Office									
City	Waukesha	State	WI	Zip	53188	Country	USA	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature								Date	
Residence:				State		Country		Citizenship	
Post Office									
Post Office									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
Inventor's Signature								Date	
Residence				State		Country		Citizenship	
Post Office									
Post Office									
City		State		Zip		Country		Applicant Authority	

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 830

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 17-0055



Deposit Account Name: Quarles & Brady

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Adam J. Forman

Electronic Signature Mark: Adam J. Forman

Date Signed: 20010330

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	103	\$ 18	0	\$ 0
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 80

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40